

F150000000523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Document Number)

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FEB 11 2015

T. SCOTT



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01/22/15--01004--014 \*\*70.00

15 FEB 10 AM 9:31



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2015

KAREN STONER  
THE EARS HAVE IT INC  
1403 SALTY BAY LANDING  
WILMINGTON, NC 28409

SUBJECT: THE EARS HAVE IT, INC  
Ref. Number: W15000006505

We have received your document for THE EARS HAVE IT, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The alternate name needs a suffix such as inc or corporation.,

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 715A00001827

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** The Ears Have It, Inc

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Karen Stoner

Name of Person

The Ears Have It Inc

Firm/Company

1403 Salty Bay Landing

Address

Wilmington NC 28409

City/State and Zip code

karen@mymickeyvacaton.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Stoner

Name of Person

at ( 910 ) 398-4438

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☐ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. The Ears Have It, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

My Mickey Vacation Travel, Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. North Carolina

(State or country under the law of which it is incorporated)

3. 26426587

(FEI number, if applicable)

4. 4/9/08

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1403 Salty Bay Landing, Wilmington NC 28409

(Principal office address)

1403 Salty Bay Landing, Wilmington NC 28409

(Current mailing address)

8. Seller of Travel

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

REGISTERED AGENTS INC.

Office Address:

3030 N. Rocky Point Dr, STE 150A

Tampa

(City)

, Florida

33607

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Bill Havre

Bill Havre - President

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

15 FEB 10 AM 9:35

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Karen Stoner

Address: 1403 Salty Bay Landing  
Wilmington NC 28409

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Karen Stoner

Address: 1403 Salty Bay Landing  
Wilmington NC 28409

Vice President: Karen Stoner

Address: 1403 Salty Bay Landing  
Wilmington NC 28409

Secretary: Karen Stoner

Address: 1403 Salty Bay Landing Wilmington NC 28409

Treasurer: Karen Stoner

Address: 1403 Salty Bay Landing Wilmington NC 28409

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Karen Stoner  
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Karen Stoner, President

(Typed or printed name and capacity of person signing application)



# NORTH CAROLINA

## Department of the Secretary of State

### CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

#### **THE EARS HAVE IT, INC.**

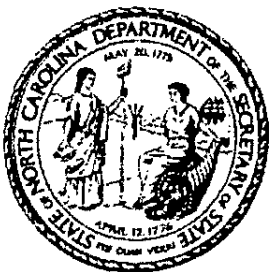
is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 9th day of April, 2008, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 17th day of January, 2015.

*Elaine F. Marshall*

Secretary of State



Scan to verify online.